

THE
FRENCH PASTRY
SCHOOL

City Colleges of Chicago

The French Pastry School Pastry Camp

by *Chef Laura Ragano*
June 25 – 29, 2007
8am – 1pm

You may register by fax or mail:
The French Pastry School
226 West Jackson Blvd., Suite 106
Chicago, IL 60606
Tel: 312.726.2419
Fax: 312.726.2446
info@frenchpastryschool.com

Registration Form:

- Please complete this registration form and submit to The French Pastry School with 50% of the tuition as a deposit to secure the student's place by cash, check or credit card (credit card deposits may be faxed, phoned, or mailed in).
- The balance is due by the first day of camp. If you have any questions feel free to contact The French Pastry School.

Personal Information:

Male Female

FIRST NAME MIDDLE LAST

STREET ADDRESS

CITY STATE ZIP CODE

COUNTRY

PHONE

EMAIL ADDRESS

DATE OF BIRTH GRADE

SCHOOL NAME

Parental/Guardian Information:

FIRST NAME MIDDLE LAST

STREET ADDRESS

CITY STATE ZIP CODE

COUNTRY

DAYTIME PHONE

EMAIL ADDRESS

Emergency Contact Information:

FIRST NAME MIDDLE LAST

STREET ADDRESS

CITY STATE ZIP CODE

COUNTRY

DAYTIME PHONE

Credit Card Information:

Visa MasterCard American Express

CREDIT CARD NUMBER EXP DATE

NAME ON CARD

BILLING ADDRESS

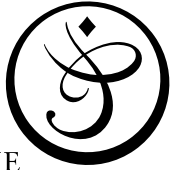
CITY STATE ZIP CODE

Terms:

All ingredients and equipment for the camp will be provided by The French Pastry School. A deposit of 50% is required to secure the student's place in the camp. If you cancel prior to 15 days before camp begins your deposit will be refunded in full. Within 15 days of camp the refund will be forfeited. Payment must be made in full by the first day of camp by cash, check or credit card. The French Pastry School reserves the right to cancel or change the camp at any time. We certify that this information is true and complete to the best of my knowledge. I have read and I understand the terms of the registration form.

SIGNATURE OF STUDENT DATE

SIGNATURE OF GUARDIAN DATE



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Waiver of Liability Form:

Please review the liability form, sign and return to The French Pastry School with a completed registration form.

I, undersigned, give permission for my child to participate in The French Pastry School at City Colleges of Chicago Pastry Camp. I understand that this camp will include activities that use a knife to chop food items as well as activities that require the handling of hot food as it is being cooked and baked. I agree to not make any claim, suit or demand against The French Pastry School or City Colleges of Chicago for any injury or damage incurred as a result of my child's participation in this camp. By this agreement, I do hereby forever indemnify and hold harmless The French Pastry School, The City Colleges of Chicago, and any individual who is an employee or agent of either institution from any and all claims, demands, actions or causes of action including any or all costs, expenses and attorney's fees arising out of or in any way connected with, directly or indirectly, my child's participation in The French Pastry School at City Colleges of Chicago Pastry Camp being held June 25 – 29, 2007.

I also give my permission for my child to be photographed and/or videotaped while he/she is working in the kitchen for use in promotional materials by The French Pastry School at City Colleges of Chicago.

Signature of parent/guardian

Date



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Medication Authorization Form:

Please complete this medical form and submit to The French Pastry School by fax or mail.

To:

Director of The French Pastry School at City College of Chicago, Chicago, IL:

STUDENT'S FIRST MIDDLE LAST DATE OF BIRTH

NAME OF SCHOOL GRADE

Medications may be administered should the following information be provided. No medication may be administered in camp unless both the student's physician and parent/guardian have completed, signed, and returned the following to the Camp Director or his/her designee:

- Medical Authorization Form
- Unsupervised Self-administered Request Form (if the student is to carry and use medication on his/her own during camp hours or during camp activities)
- Medication in the original container (Non-prescription medication). The medication label shall contain the student's name, name of medication, direction for use and date.

Physician's Order

MEDICATION/HEALTH CARE TREATMENT DOSAGE TIME(S) TO BE ADMINISTERED

INTENDED EFFECT OF THIS MEDICATION EXPECTED SIDE EFFECTS, IF ANY

OTHER MEDICATIONS THE STUDENT IS TAKING

May student self-administer medication under supervision of school personnel who do not have medical training?
(Circle one) YES NO

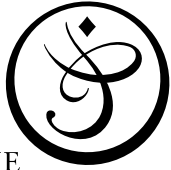
ADMINISTRATION INSTRUCTIONS

(Circle one) Discontinue Re-evaluation Follow-Up DATE

PHYSICIAN'S/PRESCRIBER'S SIGNATURE DATE

PHYSICIAN'S/PRESCRIBER'S NAME PHONE NUMBER

ADDRESS CITY, STATE ZIP



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Physician Request for Self-Administration of Medication Form:

Please complete this medical form and submit to The French Pastry School by fax or mail.

NAME OF STUDENT MIDDLE LAST DATE OF BIRTH

To:

Director of The French Pastry School at City College of Chicago, Chicago, IL:

The above named child has

NAME OF ILLNESS OR MEDICAL CONDITION

I am requesting that the above-named student be allowed to take the following medication during camp hours or during camp-related activities:

NAME OF MEDICATION TYPE OF MEDICATION (tablet, liquid, capsule, inhaler, injectable)

DOSAGE TIME(S) TO BE TAKEN OR ADMINISTERED

POSSIBLE SIDE EFFECTS

I certify that this student has been instructed in the use and self-administered of this medication and is capable of self-administering the medication independently and without supervision. (Circle one) YES NO

For ASTHMA and ALLERGY CONDITIONS ONLY: I also request that this student be allowed to carry the above-prescribed medication on their person during camp hours and during camp related activities in order facilitate the self-administered of the medication as needed. (Circle one) YES NO

SIGNATURE OF PHYSICIAN DATE

NAME OF PHYSICIAN ADDRESS CITY, STATE

PHYSICIAN PHONE NUMBER